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(2) The procedures for appeal of the determination in the context of a reconsideration of the resulting disallowance, to the Departmental Appeals Board.

[50 FR 30847, July 30, 1985, as amended at 54 FR 41973, Oct. 13, 1989]

§ 433.116 FFP for operation of mechanized claims processing and information retrieval systems.

- (a) Subject to 42 CFR 433.113(c), FFP is available at 75 percent of expenditures for operation of a mechanized claims processing and information retrieval system approved by HCFA, from the first day of the calendar quarter after the date the system met the conditions of initial approval, as established by HCFA (including a retroactive adjustment of FFP if necessary to provide the 75 percent rate beginning on the first day of that calendar quarter). Subject to 45 CFR 95.611(a), the State shall obtain prior written approval from HCFA when it plans to acquire ADP equipment or services, when it anticipates the total acquisition costs will exceed thresholds, and meets other conditions of the subpart.
- (b) HCFA will approve the system operation if the conditions specified in paragraphs (c) through (h) of this section are met.
- (c) The conditions of \$433.112(b) (1) through (4) and (7) through (9), as periodically modified under \$433.112(b)(2), must be met.
- (d) The system must have been operating continuously during the period for which FFP is claimed.
- (e) The system must provide individual notices, within 45 days of the payment of claims, to all or a sample group of the persons who received services under the plan.
- (f) The notice required by paragraph (e) of this section—
 - (1) Must specify-
 - (i) The service furnished;
- (ii) The name of the provider furnishing the service;
- (iii) The date on which the service was furnished; and
- (iv) The amount of the payment made under the plan for the service; and

- (2) Must not specify confidential services (as defined by the State) and must not be sent if the only service furnished was confidential.
- (g) The system must provide both patient and provider profiles for program management and utilization review purposes.
- (h) If the State has a Medicaid fraud control unit certified under section 1903(q) of the Act and §455.300 of this chapter, the Medicaid agency must have procedures to assure that information on probable fraud or abuse that is obtained from, or developed by, the system is made available to that unit. (See §455.21 of this chapter for State plan requirements.)

[45 FR 14213, Mar. 5, 1980. Redesignated and amended at 50 FR 30847, July 30, 1985; 55 FR 4375, Feb. 7, 1990]

§ 433.117 Initial approval of replacement systems.

- (a) A replacement system must meet all conditions of initial approval of a mechanized claims processing and information retrieval system.
- (b) The agency must submit a APD that includes—
- (1) The date the replacement system will be in operation; and
- (2) A plan for orderly transition from the system being replaced to the replacement system.
 - (c) FFP is available at-
- (1) 90 percent in expenditures for design, development, and installation in accordance with the provisions of §433.112; and
- (2) 75 percent in expenditures for operation of an approved replacement system in accordance with the provisions of §433.116(b) through (h), from the date that the system met the conditions of initial approval, as established by HCFA.
- (d) FFP is available at 75 percent in expenditures for the operation of an approved system that is being replaced (or at a reduced rate determined under §433.120 of this subpart for a system that has been disapproved) until the replacement system is in operation and approved.

[50 FR 30847, July 30, 1985]